

Community Service Plan 2009

Glens Falls Hospital



Glens Falls Hospital
Big-City Medicine. Hometown Care.



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Introduction

Community Service Planning

Glens Falls Hospital (GFH) has prepared this Community Service Plan (CSP) to support the New York State Commissioner of Health's mission to improve the health of all New Yorkers and to participate in a new public health initiative. This initiative seeks to integrate traditional medical services with public health interventions that stimulate positive behavioral changes to improve health status. A regional group, facilitated by the Adirondack Rural Health Network (ARHN), has provided the forum for area hospitals and local health departments to conduct a comprehensive health assessment and take part in a regional planning process to address the Commissioner's public health priorities identified in the Prevention Agenda toward the Healthiest State. By participating in this public health effort, Glens Falls Hospital supports the overall goals of the New York State Health Department which are to focus on primary/secondary disease prevention, promote access to quality health care services and eliminate health care disparities where they exist.

The regional effort facilitated by ARHN creates a synergy that allows all of the members to move towards common goals in a way that is both efficient and effective. ARHN provides a much needed forum for the various community partners to share resources and to collaborate on the development of each county's Community Health Assessment and each hospital's Community Service Plan. It was agreed early on in the process that ARHN would prepare a comprehensive collection and analysis of data regarding the health issues and needs in Essex, Fulton, Hamilton, Saratoga, Warren and Washington counties. This report, entitled *Building a Healthy Community: Health Assessment and Community Service Plan September 2009* (available online at <http://www.arhn.org/regional-health-assessment.php>) has three parts:

1. A compilation of health care data and analysis regarding the health status of the residents of the Region and each county therein
2. Community Health Assessments for the six ARHN counties as appendices
3. Community Service Plans for the six ARHN hospitals as appendices

History, Staffing, Services

Glens Falls Hospital (GFH), founded in 1897, a not-for-profit corporation, provides a comprehensive safety net of health care services for a five-county area in upstate New York. It is the sole acute care hospital located in this region – a 410-bed comprehensive community hospital situated on a 15-acre campus, in Warren County, approximately 50 miles north of Albany. 340 physicians are affiliated with the Hospital representing more than 25 medical specialties. GFH is the largest hospital between Albany, NY, and Montreal, Canada, the largest employer in the region, and the tenth largest private sector employer in Northeastern New York. The Healthcare Association of New York State estimates GFH's total annual economic impact on the region to be more than \$283 million. GFH is known as a progressive and innovative institution that plays an integral role in designing and implementing the delivery of health care to a rural, economically challenged region covering nearly 3,000 square miles, with a population base of more than 270,000 residents.

GFH provides a vast array of healthcare services that are well-integrated into the communities we serve; in addition to the main hospital campus, GFH operates 24 off-site locations. This comprehensive network includes medical/surgical acute care, intensive care, coronary care, inpatient and outpatient rehabilitation, obstetrics, gynecology, pediatrics, ambulatory surgery,

emergency care, cardiac catheterization, an integrated cancer treatment program, chronic hemodialysis maintenance and training, numerous primary care practices, and behavioral health services. In addition, the Hospital's Center for Occupational Health provides comprehensive occupational medicine at over 400 area employers and reaches thousands of employees in the service area.

GFH has a long-standing commitment to provide access to primary and specialty care throughout our predominantly rural geography. As such, GFH operates 12 primary care physician practices (including 1 that specializes in nephrology), 3 specialty practices (endocrinology, chest & lung, and ear, nose, throat), 1 urgent care center, and two rural school-based health centers. Community outreach programs include cancer screenings, nutrition and diabetes counseling, tobacco cessation and health education programs.

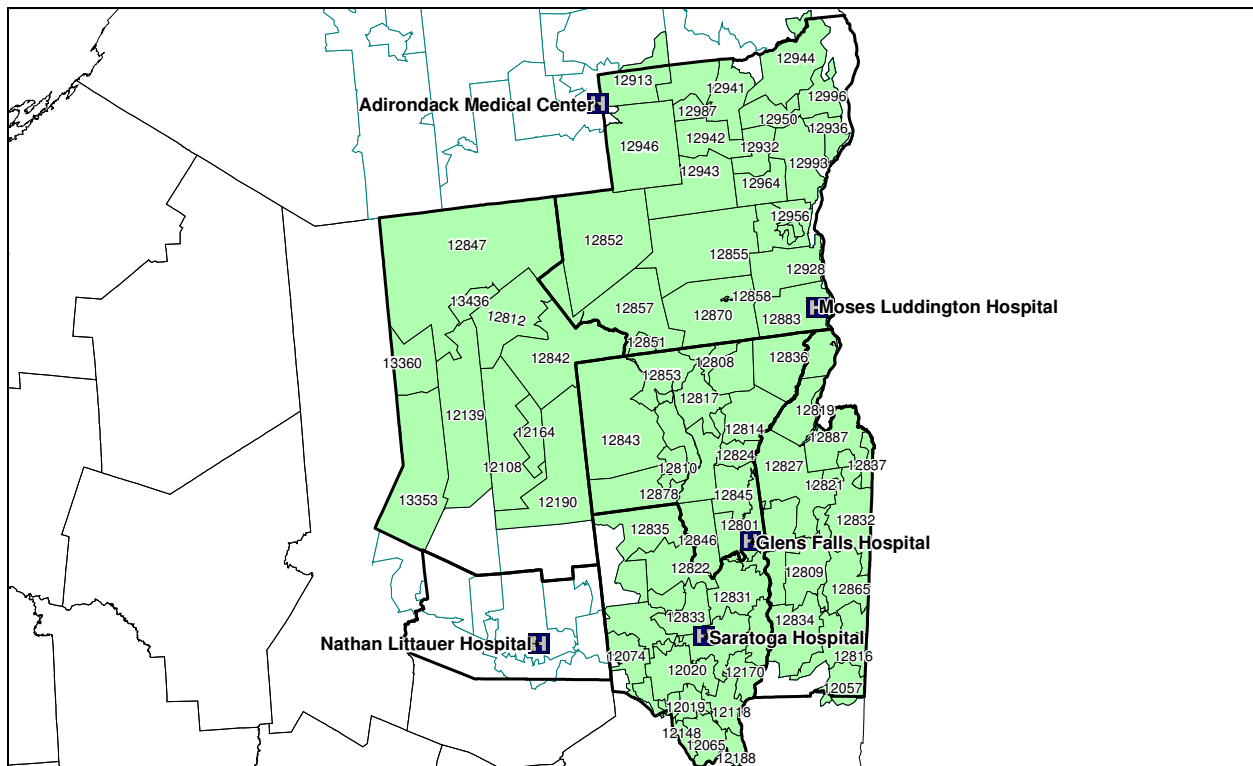
Mission Statement for Glens Falls Hospital

The mission of Glens Falls Hospital is reflected in our purpose, vision, and values. Our purpose is to improve the health and well being of the people and communities in our region. Our vision is to be a great hospital, preferred by patients, physicians and staff throughout our five-county region because of our passion for, and excellence in, quality and service. Our fundamental values are (1) Respect, by treating each individual with courtesy and compassion, (2) Responsiveness, through innovation and continuous improvement, and (3) Responsibility, to assure a wide range of high quality healthcare services to all.

Glens Falls Hospital Service Area

The service area for Glens Falls Hospital (GFH) is composed of the ZIP codes in Saratoga, Warren, Washington, Essex and northern Rensselaer Counties, depicted below. GFH billing data from 2007 indicates that 94% of combined inpatient and outpatient volume was generated from patients that reside in this geography.

Glens Falls Hospital's Service Area



Hospital patient origin data for 2008 is summarized in the following table. Note that this data represents discharges; out-patient business is not included. In 2008, there were 41,331 residents of the GFH service area who required hospitalization. Of this total, 16,449 (39.8 %) were discharged from Glens Falls Hospital. These 16,449 discharges represented 96.6 % of the total GFH discharges.

2008 Glens Falls Hospital Patient Origin¹

ZIP Code	Town Name	Discharges From All NYS Hospitals	Discharges From Glens Falls Hospital	Glens Falls Hospital Percent of Total	Glens Falls Hospital Dependency	Glens Falls Hospital Market Share
12804	Queensbury	3,222	2,718	16.0%	16.0%	84.4%
12801	Glens Falls	2,522	2,182	12.8%	28.8%	86.5%
12839	Hudson Falls	1,948	1,714	10.1%	38.8%	88.0%
12828	Fort Edward	1,515	1,281	7.5%	46.4%	84.6%
	South Glens Falls					
12803	Falls	1,006	809	4.8%	51.1%	80.4%
12832	Granville	781	711	4.2%	55.3%	91.0%
12885	Warrensburg	664	572	3.4%	58.6%	86.1%
12831	Gansevoort	1,569	534	3.1%	61.8%	34.0%
12845	Lake George	573	450	2.6%	64.4%	78.5%
12827	Fort Ann	478	401	2.4%	66.8%	83.9%
12887	Whitehall	454	391	2.3%	69.1%	86.1%
12822	Corinth	863	382	2.2%	71.3%	44.3%
12809	Argyle	465	379	2.2%	73.5%	81.5%
12846	Lake Luzerne	434	294	1.7%	75.3%	67.7%
12834	Greenwich	622	249	1.5%	76.7%	40.0%
12865	Salem	317	217	1.3%	78.0%	68.5%
12883	Ticonderoga	446	217	1.3%	79.3%	48.7%
12817	Chestertown	253	213	1.3%	80.5%	84.2%
12835	Hadley	345	197	1.2%	81.7%	57.1%
	Saratoga Springs					
12866	Springs	3,715	196	1.2%	82.8%	5.3%
12870	Schroon Lake	228	177	1.0%	83.9%	77.6%
12853	North Creek	207	170	1.0%	84.9%	82.1%
12842	Indian Lake	162	138	0.8%	85.7%	85.2%
12814	Bolton Landing	193	136	0.8%	86.5%	70.5%
12020	Ballston Spa	3,082	113	0.7%	87.1%	3.7%
12816	Cambridge	278	102	0.6%	87.7%	36.7%
12815	Brant Lake	95	85	0.5%	88.2%	89.5%
12871	Schuylerville	473	85	0.5%	88.7%	18.0%
12838	Hartford	81	76	0.4%	89.2%	93.8%
12824	Diamond Point	95	75	0.4%	89.6%	78.9%
12860	Pottersville	89	72	0.4%	90.1%	80.9%
12810	Athol	72	60	0.4%	90.4%	83.3%
12821	Comstock	138	60	0.4%	90.8%	43.5%
12878	Stony Creek	79	59	0.3%	91.1%	74.7%
12857	Olmstedville	69	57	0.3%	91.4%	82.6%
12843	Johnsburg	56	53	0.3%	91.7%	94.6%
12851	Minerva	56	50	0.3%	92.0%	89.3%
12849	Middle Granville	54	48	0.3%	92.3%	88.9%
12836	Hague	68	43	0.3%	92.6%	63.2%
	Greenfield Center					
12833	Center	369	41	0.2%	92.8%	11.1%
12886	Wevertown	44	40	0.2%	93.1%	90.9%
12808	Adirondack	51	35	0.2%	93.3%	68.6%
12854	North Granville	40	34	0.2%	93.5%	85.0%
12852	Newcomb	48	33	0.2%	93.7%	68.8%
12811	Bakers Mills	35	32	0.2%	93.8%	91.4%
12819	Clemons	39	32	0.2%	94.0%	82.1%

Glens Falls Hospital Community Service Plan

(continued: 2008 Glens Falls Hospital Patient Origin¹)

ZIP Code		Discharges	Discharges From	Glens Falls	Glens Falls	Glens Falls
Of Patient Residence	Town Name	From All NYS Hospitals	Glens Falls Hospital	Hospital Percent of Total	Hospital Dependency	Hospital Market Share
12837	Hampton	34	32	0.2%	94.2%	94.1%
12928	Crown Point	115	30	0.2%	94.4%	26.1%
12847	Long Lake	96	29	0.2%	94.6%	30.2%
12859	Porter Corners	213	28	0.2%	94.7%	13.1%
12873	Shushan	40	23	0.1%	94.9%	57.5%
12019	Ballston Lake	1,083	21	0.1%	95.0%	1.9%
12065	Clifton Park	3,403	19	0.1%	95.1%	0.6%
12855	North Hudson	32	19	0.1%	95.2%	59.4%
12841	Huletts Landing	20	16	0.1%	95.3%	80.0%
12850	Middle Grove	225	16	0.1%	95.4%	7.1%
12856	North River	24	16	0.1%	95.5%	66.7%
12861	Putnam Station	33	16	0.1%	95.6%	48.5%
12057	Eagle Bridge	89	15	0.1%	95.7%	16.9%
12170	Stillwater	478	15	0.1%	95.8%	3.1%
12118	Mechanicville	1,524	14	0.1%	95.8%	0.9%
12823	Cossayuna	28	14	0.1%	95.9%	50.0%
12974	Port Henry	126	13	0.1%	96.0%	10.3%
12074	Galway	289	11	0.1%	96.1%	3.8%
12820	Cleverdale	15	10	0.1%	96.1%	66.7%
12956	Mineville	104	8	0.0%	96.2%	7.7%
12960	Moriah	92	8	0.0%	96.2%	8.7%
12872	Severance	11	7	0.0%	96.3%	63.6%
12961	Moriah Center	28	6	0.0%	96.3%	21.4%
	Blue Mountain					
12812	Lake	7	5	0.0%	96.3%	71.4%
12848	Middle Falls	12	5	0.0%	96.4%	41.7%
12858	Paradox	13	5	0.0%	96.4%	38.5%
12844	Kattskill Bay	36	4	0.0%	96.4%	11.1%
12946	Lake Placid	580	4	0.0%	96.4%	0.7%
13436	Raquette Lake	12	4	0.0%	96.5%	33.3%
12190	Wells	87	3	0.0%	96.5%	3.4%
12998	Witherbee	41	3	0.0%	96.5%	7.3%
12027	Burnt Hills	289	2	0.0%	96.5%	0.7%
12148	Rexford	365	2	0.0%	96.5%	0.5%
12863	Rock City Falls	66	2	0.0%	96.5%	3.0%
12932	Elizabethtown	155	2	0.0%	96.5%	1.3%
12996	Willsboro	212	2	0.0%	96.5%	0.9%
12151	Round Lake	54	1	0.0%	96.6%	1.9%
12164	Speculator	51	1	0.0%	96.6%	2.0%
12862	Riparius	5	1	0.0%	96.6%	20.0%
12864	Sabael	1	1	0.0%	96.6%	100.0%
12913	Bloomingdale	115	1	0.0%	96.6%	0.9%
12944	Keeseville	483	1	0.0%	96.6%	0.2%
12993	Westport	197	1	0.0%	96.6%	0.5%
	Other Zip Codes	2,055	0	0.0%	96.6%	0.0%
	(In Service Area)		0	0.0%	96.6%	0.0%
Service Area Total		41,331	16,449			39.8%
	Other Areas		581	3.4%	100.0%	
Glens Falls Hospital Total			17,030	100.0%		

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Based on estimates for 2008, 383,817 people live within the GFH service area (50% male, 50% female). Approximately 40% of the female population is of child-bearing age. Currently, people over the age of 65 constitute 13.9% of the population; children under the age of 15 make up 16.8% of the population. The average household income is \$67,708, essentially equal to the national average of \$67,918. The vast majority of the population is white, non-Hispanic (93.5%) and one in four people has obtained a Bachelor's degree or higher level of education (25.7%). By 2013 the population of this area is expected to grow by 3.4%. Two age groups that will see the greatest growth are people aged 55 to 64 and those 65 years and older. It is estimated that these two segments of the population together will constitute 29.1% of the total population by 2013. The socio-demographic profile for the residents of the GFH service area is shown in the table below.

2008 GFH Service Area Socio-Demographic Profile¹

DEMOGRAPHIC CHARACTERISTICS						
	Glens Falls Hospital Service Area		USA			
2000 Total Population	360,866		281,421,906			
2008 Total Population	383,817		304,141,549			
2013 Total Population	396,984		319,161,431			
% Change 2008 - 2013	3.4%		4.9%			
Average Household Income	\$67,708		\$67,918			
	2008	2013	% Change			
Total Male Population	191,188	197,438	3.3%			
Total Female Population	192,629	199,546	3.6%			
Females, Child Bearing Age (15-44)	77,950	76,152	-2.3%			
% Unemployment	4.6%					
% USA Unemployment	5.6%					
POPULATION DISTRIBUTION						
Age Group	Age Distribution					
	2008	% of Total	2013	% of Total	USA %	
0-14	64,613	16.8%	62,910	15.8%	20.1%	
15-17	16,443	4.3%	15,801	4.0%	4.3%	
18-24	34,618	9.0%	36,311	9.1%	9.8%	
25-34	52,847	13.8%	52,317	13.2%	13.4%	
35-54	115,432	30.1%	114,044	28.7%	28.6%	
55-64	46,696	12.2%	53,909	13.6%	11.0%	
65+	53,178	13.9%	61,692	15.5%	12.7%	
Total	383,827	100.0%	396,984	100.0%	100.0%	

(continued: 2008 GFH Service Area Socio-Demographic Profile¹)

HOUSEHOLD INCOME DISTRIBUTION			
2008 Household Income	Income Distribution		
	HH Count	% of Total	USA %
<\$15K	14,063	9.2%	12.8%
\$15-25K	15,773	10.3%	10.7%
\$25-50K	41,338	26.9%	26.4%
\$50-75K	33,720	22.0%	19.5%
\$75-100K	20,331	13.2%	12.0%
Over \$100K	28,386	18.5%	18.6%
Total	153,611	100.0%	100.0%
EDUCATION LEVEL			
2008 Adult Education Level	Education Level Distribution		
	Pop Age 25+	% of Total	USA %
Less than High School	10,435	3.9%	7.5%
Some High School	28,644	10.7%	11.9%
High School Degree	87,111	32.5%	28.4%
Some College/Assoc. Degree	73,132	27.3%	27.6%
Bachelor's Degree or Greater	68,831	25.7%	24.6%
Total	268,153	100.0%	100.0%
RACE/ETHNICITY			
Race/Ethnicity	2008 Pop	Race/Ethnicity Distribution	
		% of Total	USA %
White Non-Hispanic	358,826	93.5%	65.4%
Black Non-Hispanic	6,632	1.7%	12.1%
Hispanic	7,940	2.1%	15.2%
Asian & Pacific Is. Non-Hispanic	5,110	1.3%	4.5%
All Others	5,309	1.4%	2.8%
Total	383,817	100.0%	100.0%

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Public Participation

Established in 1992 through a New York State Department of Health Rural Health Network Development Grant, the Adirondack Rural Health Network (ARHN) is a community partnership of public, private and non-profit organizations in Upstate New York. ARHN creates a collaborative process for developing strategies and for implementing, monitoring and evaluating the regional health care system.

As a member of ARHN, Glens Falls Hospital actively supported and participated in the gathering of information from a variety of stakeholders. This process was conducted regionally and included a survey and focus groups.

Following up on a survey they conducted in 2003, the ARHN Steering Committee developed a survey of 115 questions that could be answered over the telephone in less than 20 minutes. The questionnaire was organized into fifteen sections as follows:

- Geographic location
- Current health status
- Health care access and utilization
- Workplace injuries
- Healthy Living
- Tobacco Use
- Emergency Medical Services
- Screening and testing
- Oral Health
- Infant, children and youth health
- Women's health issues
- Mental health
- Elderly and those with disabilities
- Alcohol consumption
- Demographics

The Siena Research Institute administered the telephone survey. The Siena researchers worked closely with the ARHN Steering Committee and Holmes & Associates to ensure the quality of the survey questionnaire. The telephone surveys began on January 16, 2004 and were completed by March 1, 2004 for Essex, Hamilton, Warren and Washington Counties, and for the northern, more rural portions of Saratoga County. The Siena Research Institute completed an additional survey effort for the ARHN in May, 2007 to include 300 households from Fulton County, as well as for the southern portion of Saratoga County.

The ARHN Stakeholder Focus Groups were conducted to obtain in-depth feedback related to what community leaders and consumers feel are the biggest challenges and assets in the community. In order to obtain this qualitative feedback from professionals and consumers in the region, ARHN facilitated a series of focus groups with various community leaders, consumers, organizations and stakeholder constituencies.

The purpose of the extensive data gathering was to gain a broad and diverse picture of the health and healthcare issues of the region. The information gathered at each focus group was integrated into a comprehensive regional community health assessment report and complements the quantitative data that has been collected.

To accomplish this task, a team of eighteen professionals representing the six counties of the ARHN region were trained in the facilitation of focus groups. The November 2008 training equipped the facilitators with the skill to:

- Establish a standard system and agendas for facilitation focus groups
- Understand the process of engaging participants
- Facilitate the stakeholder session events and clarify the input received during the events

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- Preside over the group dynamics and recording the ideas generated
- Use the materials in the focus group tool kit

The ARHN steering committee and trained facilitators identified contact persons to aid in the recruitment of participants for each group. The focus groups were conducted from December 2008 through May 2009. There were 24 groups conducted throughout the six county region and a total of 286 participants. The trained facilitators identified groups of stakeholders who were contacted to host and participate in focus groups. The groups included:

- Aging, Long Term Care & Disability
- Consumer Groups
- Correctional Facility Residents and Staff
- Employers
- Government
- Providers of health and human services
- School Youth Groups

The following table details the dates, locations and number of attendees for each focus group:

Focus Group Summary

Date	Event	Location	# Attendees	# Ideas
11/20/08	Facilitator Training	Great Escape Lodge	18	144
1/6/09	Warren County Public Health	Warren County Municipal Building	15	77
1/30/09	Washington County Correctional Facility – B-Pod	Washington County Correctional Facility	6	62
2/6/09	Washington County Correctional Facility C-Pod	Washington County Correctional Facility	4	32
2/9/09	Hamilton County Community Services	Indian Lake	14	57
2/10/09	Glens Falls Hospital	Warren County	9	50
2/18/09	Chestertown Municipal Center	Chestertown	6	36
2/20/09	Washington County Correctional Facility	Washington County Correctional Facility	5	31

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2/23/09	Hamilton County Board of Supervisors	Lake Pleasant Courthouse	9	32
2/27/09	Catholic Charities	Glens Falls	5	49
3/3/09	Whitehall Central School Faculty	Whitehall Central School	23	100
3/5/09	Saratoga Springs High School Students	Saratoga Springs	17	78
3/9/09	Washington County Office for Aging Advisory Council	Washington County	9	21
3/13/09	Queensbury HS Health Students	Queensbury High School	32	47
3/19/09	C.R. Bard	Queensbury	5	25
3/23/09	WSWHE BOCES New Visions	Glens Falls	14	78
3/24/09	Indian Lake CS	Hamilton County	13	32
3/27/09	HealthLink – Fulton Co. Healthcare Providers	HealthLink	14	69
3/30/09	Essex County Public Health	Essex County	8	57
3/31/09	Fulton County Chamber of Commerce	Fulton County Chamber Office	11	74
3/31/09	Lake George Senior Center	Lake George	4	25
4/6/09	Johnstown Senior Citizen's Center, Fulton County	Johnstown	30	48
4/9/09	Glens Falls Hospital – Medical Staff	Glens Falls Hospital	3	19
4/27/09	Mountain Lakes EMS	Mountain Lakes EMS, Queensbury	12	80
		Totals	286	1,323

Outcomes of these focus groups included:

- Identification of barriers to accessing health care
- Discussing and determining health care priorities
- Generation of community/policy change ideas

Assessment of Public Health Priorities

With ARHN facilitating the process the Community Health Planning Committee (the Committee) was formed with representatives from all six of the hospitals and all six of the local health departments in the region. Members of the Committee participated in a collaborative approach to community health assessment and planning. Relying on regional information gathered and analyzed by ARHN as well as information specific to each hospital's service area, each ARHN hospital prepared a Community Service Plan in collaboration with the other participating hospitals and local health departments. There were five main sources of data that were used to assess the public health priorities:

- The New York State Department of Health conducted an extensive Behavioral Risk Factor Surveillance Survey (BRFSS) in 2008. The BRFSS was conducted by telephone surveys and collected information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury.
- Existing data, especially public health, statewide and national data
- New York State Prevention quality Indicators data (PQI)
- Statewide Planning and Research Cooperative System (SPARCS)
- Stakeholder focus groups offer a unique perspective by gathering in a focus group setting individuals who have insight on the health of a community or the region. These individuals also provided suggested activities for improving the health of the region.

ARHN used a prioritization matrix to identify the regional health priorities by using data to score criteria and issues. An ad hoc subcommittee was convened to develop the criteria for the matrix. The subcommittee researched a variety of prioritization matrices and compiled a list of 25 possible criteria, of which eight were applied. The eight criteria included:

- Leadership support available
- Magnitude of the problem
- Variance against benchmarks or goals
- Importance to the public health system
- Impact on the other health outcomes
- System resources
- Impact on the physical or social environment
- Ease of implementing solutions.

The criteria were applied to the prioritization matrix to assist the Committee in reaching consensus on priority health issues.

The regional community health assessment and community services plan data collection and reporting identified 34 distinct issues for prioritization. The Committee used the OptionFinder audience response polling system to rate each of the issues on each of the eight criteria noted above. The scores of the 34 individual health issues were then compiled into each of the ten NYSDOH Prevention Agenda areas. The final score of each of the ten areas are:

Prevention Agenda Areas	Score
Tobacco Use	72.75
Community Preparedness	59.45
Physical Activity & Nutrition	58.78
Chronic Disease	57.05
Infectious Disease	56.12
Access to Quality Health Care	54.72
Healthy Mothers, Healthy Babies & Healthy Children	50.55
Healthy Environment	47.68
Mental Health & Substance Abuse	44.35
Unintentional Injury	40.87

Many of the ten health priority areas were very close in their ranking and in order to be precise in their decision-making the Committee completed a paired comparison exercise. In this exercise the Committee used the OptionFinder to compare the top six health areas against each other, determining the higher priority area in each case. The results of all the paired comparisons were tallied and the list of priority areas were re-ordered into the final list of the top six priority health areas for the Adirondack Rural Health Network region, as illustrated below.

Final Paired Comparison

Prevention Agenda Areas	Score
Physical Activity & Nutrition	76.8
Chronic Disease	66.3
Access to Quality Health Care	61.1
Tobacco Use	40.0
Community Preparedness	27.4
Infectious Disease	27.4

The overall results of the weighted prioritization and paired comparison exercises is that the following three health areas were identified as the top priorities in the six-county ARHN region:

- **Physical Activity & Nutrition**
- **Chronic Disease**
- **Access to Quality Health Care**

Of those three, **Physical Activity & Nutrition** is the health priority area that the Committee members agree to focus on as their top regional priority over the next four years. Glens Falls Hospital intends to work collaboratively with Warren, Washington, and Saratoga County Public Health Departments on a second priority, Chronic Diseases.

Three Year Plan of Action

Glens Falls Hospital (GFH)
***Participating Member of the Adirondack Rural Health Network (ARHN) and
the ARHN Community Health Planning Committee***

3-Year Community Service Plan of Action 2009-2012

ARHN Prevention Agenda Priority: PHYSICAL ACTIVITY & NUTRITION			
Long-Term ARHN Regional Goal: Positively impact physical activity and nutrition in the region			
Measures of Effectiveness			
Outcome 1: Establish a taskforce with regional representation to plan, implement and evaluate evidence-based programs focusing on physical activity and/or nutrition by January 1, 2010			
STRATEGIES	Check if this is a NEW Strategy for GFH	GFH Program or Department Responsible	Regional and Community Partners
1. Identify ARHN staff to facilitate activities of 3-year plan	X	Community Health Services	Community Health Planning Committee
2. Community Health Planning Committee compiles list of physical activity and nutrition experts as potential members of task-force	X	Community Health Services	Community Health Planning Committee
3. ARHN & Committee members solicit interest in task force & determine participation	X	Community Health Services	Community Health Planning Committee
4. Convene taskforce, initial meeting held or strategic planning session planned and conducted	X	Community Health Services Nutrition Services Wellness Center Rehabilitation Services Family Health Centers Others as Identified	Community Health Planning Committee
5. Summary outlining planning priorities provided to partners	X	Community Health Services Nutrition Services Wellness Center Family Health Centers Others as Identified	Community Health Planning Committee Region Taskforce

Outcome 2: Work plan(s) with measurable outcomes, implementation schedules and budgets developed by taskforce by June 30, 2010.			
STRATEGIES	Check if this is a NEW Strategy for GFH	GFH Program or Department Responsible	Regional and Community Partners
1. Taskforce needs and structure determined	X	Community Health Services Nutrition Services Wellness Center Rehabilitation Services Family Health Centers Others as Identified	Regional Taskforce
2. Meeting schedule developed	X	Community Health Services Nutrition Services Wellness Center Rehabilitation Services Family Health Centers Others as Identified	Regional Taskforce
3. Priority programs identified	X	Community Health Services Nutrition Services Wellness Center Rehabilitation Services Family Health Centers Others as Identified	Regional Taskforce
4. Implementation plan developed using logic model and taskforce responsibilities identified	X	Community Health Services Nutrition Services Wellness Center Rehabilitation Services Family Health Centers Others as Identified	Regional Taskforce
5. Outcomes and evaluation methods determined	X	Community Health Services Nutrition Services Wellness Center Rehabilitation Services Family Health Centers Others as Identified	Region Taskforce

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6. Budget developed and recommendations made to Community Health Planning Committee for approval	X	Community Health Services Nutrition Services Wellness Center Rehabilitation Services Family Health Centers Others as Identified	Community Health Planning Committee Regional Taskforce
7. Work plan(s) finalized and recommendations made to Community Health Planning Committee for approval	X	Community Health Services Nutrition Services Wellness Center Rehabilitation Services Family Health Centers Others as Identified	Community Health Planning Committee Regional Taskforce

Outcome 3: Physical activity and/or nutrition interventions are implemented by taskforce by June 30, 2011

STRATEGIES	Check if this is a NEW Strategy for GFH	SH Program or Department Responsible	Regional and Community Partners
1. ARHN provides oversight of taskforce activities/programs and administrative functions	X	Community Health Services	ARHN Staff
2. Work plan activities commence, taskforce begins data collection and assessment of activities	X	Community Health Services Nutrition Services Wellness Center Rehabilitation Services Family Health Centers Others as Identified	ARHN Staff Regional Taskforce Other community stakeholders as identified by taskforce
3. Taskforce collects and reports data	X	Community Health Services Nutrition Services Wellness Center Rehabilitation Services Family Health Centers Others as Identified	ARHN Staff Regional Taskforce Other community stakeholders as identified by taskforce

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Outcome 4: Physical activity and/or nutrition interventions are evaluated and results are communicated to stakeholders by June 30,2012			
STRATEGIES	Check if this is a NEW Strategy for GFH	GFH Program or Department Responsible	Regional and Community Partners
1. Data collection on specific interventions completed and results submitted to ARHN Staff	X	Community Health Services Nutrition Services Wellness Center Rehabilitation Services Family Health Centers Others as Identified	ARHN Staff Regional Taskforce
2. Data/evaluation compiled and analyzed by ARHN and taskforce to determine impact of interventions and activities	X	Community Health Services Nutrition Services Wellness Center Rehabilitation Services Family Health Centers Others as Identified	ARHN Staff Regional Taskforce
3. Regional summary developed bu ARHN Staff and shared with ARHN Partners and other stakeholders	X	Community Health Services	ARHN Staff Community Health Planning Committee
4. Conduct assessment of approach and procedures that were used throughout the 3-year process to evaluate the success of the regional action plan	X	Community Health Services	ARHN Staff Community Health Planning Committee
5. Share lessons learned from process evaluation with Community Health Planning Committee	X	Community Health Services	ARHN Staff Community Health Planning Committee

Financial Aid Program

The Financial Aid Program at Glens Falls Hospital (GFH) operates in accordance with Public Health Law 2807(k) (9-a) (“the law”) and is known as the Patient Financial Assistance Program (“the program”). The guiding philosophy of the program is to “effectively collect from those who can pay, so that we may care for those who cannot pay”. This statement conveys the symbiotic relationship between collections and patient assistance that is a key component of the financial health of a not-for-profit community hospital. Importantly, the program provides financial assistance in excess of that which is required by law. Under the guidance of a newly hired Vice President of Revenue Cycle Operations, GFH has taken several steps to improve the collections side of the equation, and to ensure the patient assistance program is fully and effectively utilized by those who need it. For example:

- Process improvements have resulted in a shorter time from discharge to first billing. The bill itself has been re-designed for better readability.
- New performance criteria for Medicaid eligibility vendors have been instituted, as such, we anticipate substantial improvements in the percentage of Medicaid eligibles that are identified and enrolled.
- GFH has recently replaced several vendors handling self pay billing and collection services with companies who share in the GFH vision of providing all patients with easily accessible resources to walk hand-in-hand with them through the many financial options available to those who qualify, and to help those who may not qualify achieve a reasonable and respectful repayment solution.
- The law allows hospitals to limit the provision of financial assistance to patients in a defined geographic region; however, GFH has opted NOT to impose geographic restrictions.
- The law requires assistance be provided to persons at the poverty level. The GFH program provides assistance to those earning up to 300% of the poverty level.
- The Patient Financial Assistance program recently expanded to outpatients. This important step illustrates GFHs’ commitment to accessible, affordable, basic health care to all in our community, regardless of the ability to pay.

The challenges of providing patient financial assistance are significant, but not unique to Glens Falls Hospital. The growing number of people without health insurance paired with the growing cost of providing care creates a significant financial burden on hospitals charged with providing care to those cannot pay.

Impacts of Operational Changes

Glens Falls Hospital (GFH) is the sole acute care hospital in a five-county region upstate New York. Like other New York State hospitals, GFH operates in an environment that demands:

- Compliance with regulations which in some cases are burdensome and outdated
- Continuous improvements in quality of care
- Access to new effective and expensive technology
- Efforts to control health care expenditures, reimbursement rates and insurance costs
- Methods to assist the growing number of people without health insurance
- Increasing access due to increasing demand for care
- Ways to address workforce shortages

Steps taken to assist persons without health insurance, and to improve collections, are summarized in the previous section, Financial Aid Program.

Despite the challenges inherent to operating a hospital in New York State under the present economic conditions, GFH has made substantial investments in the region. Specifically, the recent opening of the Greenwich Regional Medical Center brings an unprecedented array of services into the heart of the communities of southern Washington and northern Rensselaer counties. The residents now benefit from dramatic reductions in transportation time as they can utilize their local center not only for primary care, but for radiology, lab services, digital mammography, and specialty care.

Additionally, the GFH Physician Recruitment program has made substantial progress in bringing needed physicians to the region. The Physician Recruiter conducts regular physician manpower analyses to identify physician specialties that are current or future shortages. The Physician Recruiter ensures that gaps in physician and physician extender coverage are met. The Recruiter also implements retention initiatives to improve physician satisfaction and maintain low physician turnover. Importantly, the Physician Recruitment program provides services for both GFH-employed practices and private practices throughout the GFH service area. In this way, the physician recruitment program provides a service that benefits the entire regional health care community.

Dissemination of the Report

Glens Falls Hospital's Community Service Plan will be posted on the GFH website, www.glensfallshospital.org. In addition, the plan is an appendix to the regional report, entitled *Building a Healthy Community: 2009 Community Health Assessment and Community Service Plan*, which is posted on the Adirondack Rural Health Network website, www.arhn.org. Digital copies of the report will be distributed to hospital administration and board members.